

# Scholarship Application

## Washington State's Rural Transit Assistance Program

Washington State Department of Transportation  
PO Box 47387  
Olympia, WA 98504-7387  
Fax 360-705-6820

Participant Name \_\_\_\_\_  
Organization \_\_\_\_\_ Federal ID# \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip+4 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Training \_\_\_\_\_  
Date(s) \_\_\_\_\_ Location \_\_\_\_\_

What is your current position and how will your attendance at this training or conference benefit your agency?

Please provide the following information to determine the cost of your attendance.

Training Expenses	Estimated Expenses
Registration Fee	
Travel: Car-round-trip map mileage_____x.405	
Airfare-round-trip	
Ground Travel (shuttle, parking, etc.)	
Lodging including tax rate \$_____x nights(s)_____	
Total	

Agency's Executive Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

